

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SEARCH NO. <b>1830383</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/				51
2	/	/	/				52
3	/		/				53
4	2		/				54
5	/		/				55
6	/	/	/				56
7	/		/				57
8	/		/				58
9	2		/				59
10	20		/				60
11	33		/				61
12	33		/				62
13	33		/				63
14							64
15	33						65
16	33						66
17	/	/	/				67
18	/		/				68
19	2		/				69
20	/		/				70
21	/		/				71
22	2		/				72
23	2		/				73
24	/		/				74
25			/				75
26			/				76
27			/				77
28			/				78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	5		5				TOTAL IND.
TOTAL DEP.	23	↔	20	↔			TOTAL DEP.
TOTAL CLAIMS	28	[QR]	25	[QR]	[QR]		TOTAL CLAIMS